

SARS TRAINING STRATEGY – MAY 2005

1. INTRODUCTION

The recent SARS worldwide outbreak demonstrated the vulnerability of unprepared healthcare systems and staff. The N.I. Regional SARS Regional Taskforce recognised the need to address training for healthcare workers throughout the service who may care for patients with SARS. A training subgroup of the taskforce was established. No appropriate training materials were identified and the training subgroup accordingly developed a local training package. This strategy was developed alongside these training resources and aims to provide direction on implementation for all HPSS employers, including general practitioners. It also applies to voluntary and private sector health care employers, and provides advice to educational establishments involved in the training of health care workers. This strategy is based on the regional contingency plan for SARS, but recognises that individual employers will have to develop their own contingency plans and training arrangements. This strategy should provide the necessary guidance.

It is essential that health care staff are equipped with the knowledge and skills necessary to be able to respond promptly should the level of risk from SARS increase. At low levels of risk it is necessary to avoid raising alarm and anxiety among staff. Nevertheless, a level of preparedness is required. The strategy recognises that, at current levels of risk it may be difficult to engage staff, and that skills and knowledge acquired now may degrade rapidly. The training materials can be used at low levels of risk, but will also be useful if a rapid escalation of training is needed.

2. TRAINING RESOURCES AND INFORMATION

2.1 Resources

The following resources are available:

- SARS Information and training video, accompanied by a copy of the video script.

The video contains information on general infection control issues, SARS epidemiology and infectivity, clear information on how to put on and remove appropriate personal protective equipment (PPE), specimen handling, linen and clinical waste management and decontamination.

- A CD-ROM version of the video

The CD-ROM also carries the following:

- A powerpoint presentation developed by the Primary Care subgroup for use in GP seminars
- Information on decontamination in the home environment
- Instructions on the use of home quarantine/isolation packs
- Instructions on use of community PPE packs

- A downloadable version of the video script
- A local adaptation of the Health Protection Agency guidance on hospital infection control
- Algorithms produced by the Laundry subgroup on staff changing and handling infected linen in the acute sector

2.2 Information

The training package has already been distributed to Boards and Trust Leads, community pharmacists, GP practice managers, nursing homes (via Registration & Inspection Units) and the Prison Service.

Further information is available on the Northern Ireland SARS website accessible at www.sarsni.gov.uk

3. TRAINING OF HEALTH CARE STAFF AT LEVEL 0

At this level there are either no notified cases of SARS in the world or cases have occurred with appropriate controls in place.

3.1 Roles and responsibilities

Chief Executives and other HPSS employers should ensure that appropriate arrangements are put in place to offer and ensure delivery of training to staff. It is recognised that at the current low level of SARS activity in the world that it may be difficult to engage staff but the opportunity should be taken to reinforce the importance of infection control in everyday healthcare activities.

3.2 Trusts

3.2.1 Contingency plan implementation training

In line with the Regional Contingency Plan, trusts are expected to develop local contingency plans. Training for key staff on implementation of this local plan is required. Membership of the outbreak control team should be established and individual roles and responsibilities made clear.

3.2.2 Awareness and Skills Training

At Level 0, it is advised that trusts identify key staff who require SARS-specific awareness training and skills training. The skills training should include putting on and taking off PPE in correct order, hand hygiene practice including the use of alcohol gels as well as enhanced general infection control training (see below). The staff requiring awareness and skills training at level 0 are likely to vary from trust to trust, but should include Accident & Emergency staff, staff working in direct

admissions units, intensive care staff and infectious diseases staff. This training is mandatory, and records should be kept.

For all other staff working in trusts, enhanced general infection control training should be rolled out. This training should deal with standard precautions, hand hygiene, decontamination, safe disposal of sharps and use and type of isolation facilities.

It is recognised that the trust's infection control team will play a key role in the delivery of SARS training. This team may need to be supported by a team of staff to provide cascade training within the trust. At level 0, trusts should have in place an escalation plan to allow a rapid extension of skills-based training and awareness training in the event of an increased risk.

3.3 General Medical and Dental Practice

Boards and Trusts should collaborate to provide appropriate training.

3.4 Nursing and Residential Homes

The HPSS Regulation and Improvement Authority is responsible for ensuring that staff in these homes are appropriately trained as part of the inspection process. Employers are responsible for provision of training.

3.5 Healthcare employment/recruitment agencies

Employers should ensure that as a minimum staff whom they employ on behalf of NHS establishments receive regular standard infection control training.

3.6 Establishments providing vocational health care education

Students should view the video component of the CD-ROM as part of the Microbiology module of the course.

3.7 Private Hospitals

Employers are responsible for organising their own training.

4. TRAINING AT LEVEL 1

At this level of risk there will be uncontrolled cases of SARS in the world and therefore increased potential for importing cases to the UK or Ireland.

The following recommendations are made:-

4.1 Trusts

Trusts should ensure that their escalation plan for training has been implemented, ensuring that all staff receive SARS awareness training. This specific training should be part of an enhanced infection control training programme. It is essential that ancillary staff in acute trusts are included in this training. Community trust employers should ensure that the escalation plan required at level 0 includes the means by which home-care workers will receive training.

4.2 General Medical and Dental Practice

Boards and Trusts should continue to collaborate to provide appropriate training.

5. HIGHER LEVELS OF RISK

The strategy is designed to ensure that all essential training has been completed before or during level 1. More training should be maintained at higher levels of risk. It is essential that skills training, particularly in the use of personal protective equipment is repeated regularly and competencies ensured.

Communication with staff is likely to be as important as training.

6. OTHER ISSUES

6.1 Agency Staff

If agency staff are to be involved in the care of SARS patients it is the responsibility of the trust to ensure that staff have received appropriate skills training and have been shown to be competent.